



Reset Form

Print form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Martin M. Pushchak						
Street Address	9038 Kuhl Road						
City	Erie	State	PA	Zip Code	16510		
Type of Report (Place x under report type)							
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report		
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only			
		10-24-2017	11-27-2017				
A. Amount Brought Forward From Last Report		\$	0.00	2017 NOV 28 AM 10:34 ERIE COUNTY VOTER REGISTRATION F			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	0.00				
C. Total Funds Available (Sum of Lines A and B)		\$	0.00				
D. Total Expenditures (From Schedule III)		\$	995.67				
E. Ending Cash Balance (Subtract Line D from Line C)		\$	0.00				
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0.00				
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0.00				
Affidavit Section							
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.							
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.							
Sworn to and subscribed before me this							
20 th day of November 20 17							
Carrie J. Fiske							
Signature							
NOTARIAL SEAL							
Carrie J. Fiske, Notary Public							
DAY Greentown Twp, Erie County							
My Commission expires December 06, 2019							
My Commission expires							
MO. DAY YR.							
Martin M. Pushchak							
Signature of Person Submitting report							
Martin M. Pushchak							
Printed Name							
814							
Area Code							
897-9850							
Daytime Telephone Number							
Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.							
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as amended.							
Sworn to and subscribed before me this							
day of 20							
Signature							
My Commission expires							
MO. DAY YR.							
Signature of Candidate							
Printed Name							
Area Code							
Daytime Telephone Number							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid		Desantis Signs Inc.			Date [MM/DD/YYYY]	\$	249.90
House #	540	Street Address	West 18 th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	YARD SIGNS	
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	319.02
House #	1924	Street Address	Keystone Drive		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	POSTCARDS	
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	408.00
House #	2711	Street Address	LEGION ROAD		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	STAMPS	
To Whom Paid		Walmart			Date [MM/DD/YYYY]	\$	18.75
House #	5741	Street Address	Buffalo Road		Description of Expenditure		
City	Harbor Creek	State	PA	Zip Code	16421	Labels	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			